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MEMBERSHIP FORM

Please complete the form and return to the address above.

Name _____

Postal Address _____

Telephone [day] _____ [night] _____ [mobile] _____

Email _____

I wish to apply for/renew my membership of Dalcroze Australia from 1st July to 30th June.

Accredited Dalcroze Teacher [Level 2, 3 or Licentiate] \$65

Associate Member [Individual or Group] \$55

Student \$40

Donation \$

TOTAL _____
\$ _____

Please indicate your level of qualifications and/or proficiency in the following categories as a guide to the organization of workshops and classes.

	Beginner	Intermediate	Advanced
Dalcroze Eurhythmics experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movement experience [non Dalcroze]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument 1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument 2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solfège/sight singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyboard skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actor or Theatre Artist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Artist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MUSIC TEACHER Early Childhood Classroom Tertiary Private Studio

MUSIC STUDENT High School Tertiary Institution Private Lessons

PAYMENT 1 Cheques/Money orders, made payable to 'Dalcroze Australia'
2. Electronic Funds Transfer [EFT], pay to Dalcroze Australia, St. George Bank
Account no. 464424346, BSB no. 112-879. Please identify yourself.